Medical Care Advisory Committee

Minutes of Meeting April 17, 2014

In Attendance

Committee Members Present

Lincoln Nehring, Steven Mickelson, RyLee Curtis, Mark Brasher, Tina Persels, Andrew Riggle, Donna Singer, Mark Ward, Debra Mair, Michael Hales

Committee Members Excused

Russ Elbel, Kevin Burt, Jackie Rendo

Committee Members Absent

Warren Walker, Mauricio Agramont, Jason Horgesheimer, LaVal Jensen, Michelle McOmber, Greg Myers

UDOH Staff

Rick Platt, Craig Devashrayee, Emma Chacon, Gail Rapp, John Curless, Jeff Nelson, Shandi Wanlass, Kolbi Young, Tonya Hales, Tracy Luoma, Leigha Rodak, Jason Stewart, Sheila Walsh-McDonald

Audience

Clark Walton, Amy Bingham, Beau Colvin, Kris Fawson

Welcome

The meeting was called to order at 1:30 pm.

New Committee Members and Open Seats

Lincoln introduced RyLee Curtis of Utah Health Policy Project, who is replacing Matt Slonaker on the MCAC.

The seat for the business community is still open. Russ is exploring a few possible nominations.

Minutes

Kris's name is misspelled and Debra was not listed as absent or excused. The minutes were approved as corrected.

New Rulemakings

Craig Devashrayee presented the new rulemakings. There were no questions.

Budget Update

Rick Platt presented the enrollment numbers. Total enrollments increased by 5%. There were 11,009 additional children enrolled. This increase is not as large as we expected it to be. There is still some backlog at DWS.

Michael pointed out that of the 5,116 new Medicaid children in February, about 4,200 came from CHIP. There were about 10,500 fewer children on CHIP in March. All but 1,000 of the children each month

were transitioning from CHIP. Our CHIP program is down to 16,670 kids. We expect to see more of those drop off as we get our April data.

CHIP Transition Update

Emma Chacon said that there are currently 14,881 kids on CHIP. (Emma's number is different from Michael's because they were pulled at two different points in time.) We had about 33,000 children in the program in December. During January and February, many families elected to move early. We will always see movement in the CHIP program with new enrollments and reviews. UDOH has been looking at reports from SelectHealth and Molina on families that didn't transition, and by the time we looked, the case had been transferred or closed appropriately (Incomplete review; ineligible due to increased income; family request; etc.). There are still 201 cases on Plan A. Those cases are protected from adverse action until their next review—they will move to Plan B or Plan C as their reviews come up. If anyone becomes aware of a case where there may be a mistake on eligibility, we would appreciate knowing about it.

Lincoln asked whether there has been any negative feedback or concerns with behavioral health transitions. Emma said there was one provider that wasn't enrolled in Medicaid, but we helped resolve that by referring them to the ACO for possible enrollment, maybe just for this single case.

Lincoln asked why Medicaid and CHIP enrollments have remained so steady in spite of ACA. Emma replied that we had only guesses to answer that – possibly the improving economy, low unemployment rate, etc.

Autism Waiver

Tonya Hales reported on the Autism Waiver. This will become an ongoing program due to the passage of HB88. We are evaluating the annual cost, and we have found that each child costs about $20,000 per year. We estimate that we can serve 290 children on an ongoing basis. We will have an open enrollment period for two weeks in early May, accepting approximately 30-35 children. We will conduct another open enrollment in about October. There will be information available on the website.

Will the legislation authorizing the waiver have an impact on the current operations? Tonya said no. We have authorization for 3 years through CMS. We have an administrative rule governing enrollments and there will be no change.

A question was received to ask how the waiver is making an impact when the amount of therapy suggested for Applied Behavioral Analysis is in the 30-35 hours per week range and the waiver is typically supplying 10 hours per week. The Department sent out surveys in January to families to find out how many hours of instruction that children may be getting outside of the waiver. It was found that between other services such as schools, physical/speech/occupational therapy that children were getting between 20-25 hours.

Are we looking to add services to this waiver? Tonya says no. The primary service offered through the waiver is Applied Behavioral Analysis. Only services listed in the National Services Report on Autism would be covered. The other therapies, such as the P.L.A.Y. project, floortime and the Denver Model, are still "emerging therapies" and will not be covered. We believe they're promising, but good standards for provider qualifications do not yet exist. They may be added as the program matures. We have also

been approached about adding speech therapy. The assessment tool we use right now in ABA is the same tool that speech therapists use in school, so we will look at providing that therapy in collaboration. Our policy goal is to provide a core set of services to as many children as possible. The more services we add, the fewer kids can participate.

Lessons learned: Providers came back to say that rates were insufficient when significant travel is required. Because of this, we are looking at adding a rural enhancement to the rates. We also learned that coordinating services between the Board Certified Behavior Analysts and school districts requires some additional work. We have been working with Jocelyn Taylor to develop protocols for those interactions.

Tina said that the school collaboration is wonderful. She pointed out that parents can choose who they bring to an IEP meeting. Tina asked how open enrollment would work. Tonya responded that open enrollment will be similar to previous periods that the State has had. The legislation for the program requires that the state serve children statewide and that there is an equitable distribution of waiver openings. This may mean we are looking to fill more openings in some areas than others due to the attrition that may have occurred. This also helps preserve the provider infrastructure that may have been developed in that area.

Director's Report

PRISM System Update

Jason Stewart reported on the PRISM project. We went with a vendor that has already built these systems in other states. The system they brought us is called eCAMS, and they will modify it for Utah Medicaid. PRISM stands for "Provider Reimbursement Information System for Medicaid".

There will be four releases in the next several years. We had a release a few weeks ago, which included the website and the eligibility lookup tool. Healthbeat will be an internal dashboard and will be released in August. Release 3 in May 2015 will be the provider portal and enrollment. Release 4 will be the full MMIS and will take place in May 2016. We will certify with CMS between May 2016 and May 2017. The vendor will transfer control of the system to the State by May 2018.

New Medicaid website: We've changed the look and feel and also the platform. We have updated the search function. We've also added the Eligibility Lookup Tool in anticipation of the new Medicaid card. There is training and videos on the website for providers to learn the portal.

Jason demonstrated the new website for the committee. Leigha Rodak demonstrated the Eligibility Lookup Tool. Michael reminded us that the live version is running and ready for providers to use, but we would be using a test environment to avoid divulging patient information.

The audience asked whether the NPI could be a facility instead of an individual. Jason replied that any provider known in the Medicaid system would return results. Tina asked whether the SSN would appear on the printed page that the provider saves. Jason answered that the SSN is intentionally not shown, even if you use it to look the patient up. The SSN is also masked when typing.

Lincoln asked about trainings for providers. Michael said that we're soliciting names for early adopters so they can give us feedback. We want to make sure providers are comfortable using the tool. Lincoln

pointed out that AUCH has their annual conference next month. Michael asked that Lincoln get us on the agenda.

CHIP clients and nursing home clients don't get a card from Medicaid, but they can be looked up on this tool as well.

Providers need to have a Utah Master Directory (UMD) account as well as have an NPI in Medicaid's system. We want provider staff to create their own UMD instead of using one account for the whole office. This will allow us to see which employee is performing services. We are monitoring for accounts that do multiple search attempts. We know roughly what utilization should be for unique users. The tool updates daily from MMIS/MMCS.

For anyone who is interested in receiving training, please contact Jason Stewart at 801-538-1940 or jasonstewart@utah.gov

New Medicaid Card

Medicaid clients will receive the new cards starting in July. These will be a wallet sized card intended to be permanent and will replace the paper mailings that were done monthly. Cards will be distributed once in July. Thereafter, clients will not get a card every month. Clients can get a new card if theirs is lost or destroyed. Clients will receive a notification in June that the new card is coming.

Andrew asked about clients who cycle on and off Medicaid. Michael doesn't know exactly how that will be handled, but he said that the ID number does not change and an individual could keep their old card. DWS is likely to send a new card for each discrete period of eligibility. Reminders to providers that the 'card does not guarantee access to services' may be necessary. Tina said that the new cards were a great idea and would make things easier for clients and parents. Michael said that we have been meaning to do this for a few years, but we needed the eligibility lookup tool to be able to do it. Once the providers get comfortable with the new cards, we expect they will like it too. Steven asked how the print screen could be saved into EHRs. Jason said the page can be saved as a PDF, which can then be attached to an EHR.

Kolbi said that the New Medicaid Member Card FAQs would come with the new cards in July in both English and Spanish. Michael said that the Medicaid clients will not have access to the provider lookup tool. We are building a separate portal for clients. The web address for that portal is printed on the back of the card. We will include a summary of the client's benefits with their new card in July, and we will encourage them to save that for reference. We are working on getting the member portal running as soon as possible.

Implications of Consensus Estimate Not Being Funded

The consensus estimate for the Medicaid program was not funded in the legislative session. We did get intent language in one of the final appropriations bills that we should give the ACOs their 2% rate increase. The biggest part of our funding request was for caseload increases from ACA. If our budget is insufficient this year, we will need to request supplemental funding.

Medicaid Expansion Update

The Governor has met with Secy. Sebelius and her team. Ideally, we would get something submitted before her replacement comes on. We don't expect that any of the other members of our HHS team will

change. We have been on the phone with CMS weekly or twice weekly to design the program and troubleshoot. This process is moving faster than it has in the past. We are working actively to get the plan finalized. Kris said that Rep. Sanpe doesn't have much faith that the Governor's proposal will get through the House. Lincoln asked what the public comment period would be. Michael said that there will be at least two public hearings in the state and two on the federal level after the waiver has been submitted. Michael said that we are always listening on an informal level. Lincoln said that the local advocates have concerns about the work requirements. Michael said that the work requirement would likely be part of TANF or SNAP.

Individuals between 100% and 105% FPL have not been able to enroll on the FFM. We are looking at changing our PCN waiver to 95% instead of 100% to match up the 5% income disregard. We'll have an open enrollment in June. For parents, we'll leave enrollment open until we hit our enrollment cap. For childless adults, enrollment will be likely for one month.

Andrew asked what the Medicaid wraparound benefit would look like, especially for individuals with mental health and substance use disorders. The expansion populations all have to get an alternative benefit plan. States have needed to determine whether their state plan services are sufficient. An alternative benefit plan in Utah might be more robust. The plan the Governor has put forth is a premium assistance plan, which would be our alternative plan. We would need to look at the ten options the qualified health plans had for benchmarking. We would also have to take into account the "medically frail." Those individuals have to have an option to go back to the state plan from the alternative benefit. Mental health may be a condition that qualifies an individual for medical frailty, but we're still working on those policy questions.

Adjourn

With no further business to consider, the meeting adjourned at 3:07.